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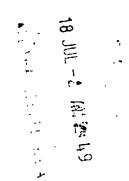
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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JUL 03 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: OAS	VERINAS INVESTIGEN	stments LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Elvira RA	Name of Person  Services In  Firm/Company	
		Name of Person	
	AA Express	Services In	<u>c.</u>
	-	^	
	4105 Power	dive Kd	
		11301000	
	Deerfield 1	Beach, FL 3 City/State and Zip Code vices @ gmei/ Code to be used for future/annual report notifi	3442
		City/State and Zip Code	——————————————————————————————————————
	aaexpressoer	vices @qmeil (	(מנט פ
			cation)
$\sim$	ncerning this matter, please ca	ıll:	
Elvies Kam	Tree	at ( <u>954)</u> <u>596 0</u> Area Code Daytime	323
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clirton Building 206) Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida st	reet address
	City	Florida Ziv Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

•

$ MGR = M \\ AMBR = A $	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Olgo E Sanchez	baz Roton, FZ 33496	
		baz Katon, FZ 33496	Remove
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l'an effective date <u>Note:</u> If the dat	if other than the is listed, the date mu e inserted in this b ctive date on the I	st be specific an lock does not	id cannot be prior meet the applic	to date of filing or able statutory fil	more than 90 days ing requirements	after filing.) I	fursuant to 605,0207 ill not be listed as
	ecifies a delaye ay after the rec			t an effective	time, at 12:	01 a.m. o	n the earlier o
Dated <u>J</u>	ne 25	<del></del>	2018				
			fuch	orized representati			·- <u></u>
		Signature of a					

Page 3 of 3

Filing Fee: \$25.00